



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS
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APPLICATION FOR CLINICAL SOCIAL WORK LICENSURE
SOCIAL WORK SUPERVISION VERIFICATION FORM
FORM C

INSTRUCTIONS: Please print or type. **NO FAXED FORMS ACCEPTED.**

APPLICANT

- **Complete Part I** and forward this form to each supervisor from the organization or agency in which you completed your directed experience practicing Social Work. Complete a separate form for each Directed Experience Supervisor listed in your application. Use this form to only verify Social Worker supervision.
- If you need additional forms, you may photocopy this form.

DIRECTED EXPERIENCE SUPERVISOR

- The Directed Experience Supervisor must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.
- "Supervision" means the direct clinical review by a Supervisor for the purpose of training or teaching of a Social Worker's interaction with a client.

PART I - APPLICANT

NAME OF APPLICANT: _____
First Middle Last Maiden

SOCIAL SECURITY NUMBER: _____

This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

PART II - DIRECTED EXPERIENCE SUPERVISOR

I HEREBY CERTIFY THAT I SUPERVISED THE ABOVE-NAMED INDIVIDUAL IN THE PRACTICE OF SOCIAL WORK AS FOLLOWS:

INDIVIDUAL SUPERVISION:

Total Hours:	Hours Per Week:	From:	To:
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GROUP SUPERVISION:

Total Hours:	Hours Per Week:	From:	To:
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DESCRIPTION OF PRACTICE SUPERVISED:

I attest that I served as this Applicant's Directed Experience Supervisor, as defined above, that this description is a true and accurate representation of my supervision of this Applicant, and I:

☐ Recommend ☐ Do Not Recommend this Applicant for licensure.

Date Signature of Directed Experience Supervisor

Years of Experience After License Issued:	Printed Name:
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Address: _____
Street City State Zip Code

Telephone #: ()	Fax #: ()
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License Type:	License #:	State:	Date Issued:	Exp. Date:
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